

THE MEDICAL EXAMINER.

DEVOTED TO MEDICINE, SURGERY, AND THE COLLATERAL SCIENCES.

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SCARLATINA, VEL FEBRIS RUBRA,— OR SCARLET FEVER.

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Pennsylvania.

(Concluded from page 381.)

Not much is recorded of the anatomical characters in this disease. It may be collected, however, from the dissections which have been occasionally reported, that the mucous tissue of the primæ viæ, particularly of the stomach and upper intestines, is highly inflamed, and scarcely less frequently are the lungs, with the brain, in their substance and membranes, in the same condition. It ought to be added, that some recent researches have revealed similar derangements in the follicular structure of the bowels to those previously discovered in several other diseases, and especially in that form of typhus fever now receiving the title of *dothinenteritis*. But there are cases, where, with some slight and weak phlogosis, the heaviest congestions are detected in nearly all the organs of the great cavities, and diverse effusions and extravasations are common events. These differences of appearance are referrible to the opposite conditions, which the disease presents in its most fatal forms.

Extensive sphacelation, in the anginose variety, is found in the fauces; and instances are mentioned in which it partially existed throughout the alimentary canal. Lately, some controversy has arisen as to the precise state of the throat, whether the appearances hitherto supposed to be sloughs from gangrenous inflammation, be really so, or are exudations of coagulate lymph, from the inflamed surface, imitative of sloughs. Either may undoubtedly exist. Deep ulcerations I have witnessed, and also, the coating of lymph, counterfeiting sloughs so accurately, as very readily to lead to the deception. There is here sometimes a perfect membrane, which, dipping into the larynx, has travelled down through the trachea into its final ramifications. This adventitious production, however, to such an extent, must be a rare occurrence, it being, at least, as I have seen it, uniformly restricted to the larynx, and much oftener in pieces, than as a whole lining of that structure. It varies from a mere pellicle, to a coating of considerable thickness and softness, even sometimes of a pulpa-
ceous consistence and aspect. These are the principal lesions hitherto noticed, in which, little peculiar or distinctive is to be remarked. Dissection, indeed, has as yet shed no light on the nature of scarlatina.

On this account, as well as from its analogy to those of the exanthemata of which I have treated, I mean to say not much concerning the pathology of this disease. Like its congeners, the primary impression, probably, is mainly on the primæ viæ, and the subsequent implication of other organs

must be referred to a sympathetic or actual extension. The argument by which this view has already been sustained, in relation to the other cutaneous affections, might be applied with equal force to it. Many of the peculiarities, as well as the grades of violence of the disease, are owing to the difference of intensity in which its specific contagion operates. It is a poison, from the effects of which the system endeavours to extricate itself, and according to its resources, is the result. They being energetically applied, we have an open, inflammatory form of the disease; and conversely, a low congestive state, should they be feebly or incompetently exercised. Death, which is thought by many to be occasioned, in the anginose variety of it, by the state of the throat, does not seem to me to be justly assigned. This topical affection can rarely be productive of such an event, except when it is extended to the larynx. The disease is singularly pervading, characterized by great sensorial and nervous disturbance, and by an almost unexampled derangement, from inflammation or congestion, or both, of nearly all the important organs. It is by such lesions, that the constitutional powers become impaired, and ultimately extinguished. The throat suffers in common, runs into gangrene, from the loss of vitality, and perishes with the rest of the body.

In the cure of mild scarlatina, little more is required than the ordinary antiphlogistic regimen, watching at the same time, its tendency to those unfavourable changes formerly pointed out. None die of it, says Sydenham, except from too great officiousness in the practitioner. This may be too strongly affirmed, though it is still true, that the "nimia medicæ diligentia" here, as well as in the exanthematous fevers generally, is mischievous. Nature has established in all these cases a certain mode of relief, consisting in the exoneration in part, or wholly, of the internal tissues, by translating the irritation to the skin, and where she appears to be adequately effecting this end, it were better not to interfere with her endeavours. It is on such occasions, that the old maxim applies: "Nulla medicina, aliquando optima medicina." Certainly I have witnessed again and again, from the harrassing effects of active measures, the very worst consequences, converting what was originally mild, into a fearful degree of exasperation.

In the several presentations of the disease, however, either of a decidedly inflammatory or congestive character, the practice must be correspondingly energetic, and in order to succeed, should be accommodated to these respective conditions. Let us first consider the course adapted to its phlogistic form.

The initiatory step depends on the stage of the case. Consulted early, or while there is rather irritation than positive inflammation, it will be well to commence with an emetic. It is highly commended by Tisset, Stoll, and the generality of

writers; and I have reason to believe, proves exceedingly influensive in mitigating the future career of the case.

We are indeed told by Dr. Richard Harrison, an eminent practitioner of London, that the effect was so strikingly manifested in the disease during an epidemic prevalence of it in that city some years ago, that by many, the practice was reluctantly pursued, since the eradication of an attack was usually followed by another in a few days, and hence it was deemed better to postpone the emetic till the disease had taken such hold of the system as to do away any susceptibility to a future renewal of it.

My own observations, though decidedly in favour of this practice, do not corroborate this statement to the extent here made. Withering, however, who is one of the best writers on scarlatina, goes almost as far. "In the very first attack," says he, "a vomit seldom fails to remove the disease at once: if the poison has begun to exert its effects upon the nervous system, emetics stop its further progress, and the patients quickly recover. If it has proceeded still further, and occasioned that amazing action in the capillaries, which exists when the scarlet colour of the skin takes place, vomiting never fails to procure a respite to the anxiety, the faintness and delirium." But whatever difference of opinion may be entertained as to the general use of emetics, I think there can scarcely be any concerning their applicability to the anginose form of the disease, and especially when complicated with the affections of the windpipe or lungs, the most ample experience having demonstrated their singular adaptation to such cases.

Next in importance, are evacuations of the bowels by mild laxatives. Febrile excitement, however, being developed, and particularly when accompanied by any prominent topical affection, the loss of blood by venesection can no longer be postponed, and must be proportioned to the degree of the emergency.

Nevertheless, great difference of opinion prevails among writers as to the propriety of venesection. Most of those of the continent of Europe are in favour, while the preponderance of English authorities is opposed to it, as reducing strength without affording any relief. This is the language of Sims, Withering, Clark, and Willan, the latter of whom declares that he never saw a case of scarlatina in which blood-letting seemed to be indicated. Exceptions, however, exist among the English, to this condemnation of the practice. Moreton pursued it, Cullen seems not indisposed to it, and Armstrong enjoins it, where there is visceral inflammation.

Not a little of this contrariety of sentiment, in relation to the remedy, I presume, must be referred to its having been applied under opposite circumstances of the disease, and, of course, attended by very different results. Directed with discrimination, it cannot fail according to my experience, to be beneficial, and often even indispensable. Convincing of this, my own practice, indeed, is to bleed in nearly every case of undue excitement. Yet it is true, that the loss of blood has no direct curative tendency in the disease, it only abating action, without changing or subverting it, and as usually

not as well borne to any great extent, it is not safe to detract it with the same freedom as in the more purely phlegmasial affections, or perhaps to the amount, that the existing indications in the case itself would seem to demand. Collapse, frightful, and sometimes even fatal, I have repeatedly seen to result from an abuse of the practice, and it is always hazardous in an advanced stage of the disease. Local affections merely, may be removed by leeches or cups.

More than in any other disease, is this state of scarlatina characterized by heat of surface, and here cold applications are obviously called for, and prove immensely serviceable. Either ablutions or sponging I have preferred. Not content, however, with these modes, some of the European practitioners contend for the superior efficacy of aspersions, or even immersions, in the coldest water. But these have always appeared to me as very rash expedients, and I have heard of the latter proving even fatal. By a gentleman* who graduated at Edinburgh some years ago, I was told that one of the Professors of that school, to show his entire confidence in the practice, tried it on one of his own children, who died while in the bath, by a sudden recession of the eruption—and a similar result, in another instance, is mentioned by Armstrong, from affusion only. Yet Currie informs us, that he was in the habit of stripping his patients, and dashing buckets of cold water on them, from which such benefit accrued, that the disease was frequently cut short in its progress.

Bateman commends this mode, as more efficacious in the very beginning, though subsequently in the disease, he thinks, every advantage may be attained by simply washing the surface.

Caution should certainly be practised in this and every other eruptive fever in the use of the remedy, from the danger of repercussion, and never ought it to be resorted to, without the strictest observance of those precepts formerly indicated for its regulation. Might not cold enemata, under such circumstances, and with similar restrictions, prove useful? They are so in other ardent fevers, and here, from the extraordinary warmth, both of the internal and external surfaces, would seem *a fortiori* to be exacted. But having no experience, I throw out the suggestion only as a plausible conjecture. From the great value I attach to cold applications, I cannot forbear further to urge their use, and more emphatically than I have done. Carefully accommodated to the case, they will, from what I have observed, invariably prove eminently serviceable, and very often indispensable to the cure. Many, truly, are the instances which I have witnessed, and some of them of considerable severity, where little else was required.

Not much is to be anticipated from the diaphoretic febrifuges at this period, which, owing to the state of the skin, rarely or never promote perspiration, or in any other mode reduce febrile excitement. Failing in the former respect, they are apt to be positively detrimental, by harrassing the internal surfaces, followed by general exasperation of condition; and such an effect being apparent, they

* Dr. Roper, of South Carolina.

should at once be discontinued. Yet it is of the highest importance, at this conjuncture, to restore the cutaneous functions: for, while these are suspended, it is impossible to overcome the disease, or to produce any sensible amendment. Not relieved, the skin, indeed, may have its vitality so far impaired, as never to be recovered, and in this mode, I believe, has often proved the cause of death, exactly as happens in small-pox, and other similar affections.

The depleting and evacuant remedies enumerated, as well as the cold applications, are calculated to effect this great end. But they are sometimes incompetent, and having been fairly tried without avail, other and opposite methods must be adopted, the best of which is tepid sponging, or immersion in moderately warm water, or the vapour bath, repeated from time to time, till coolness, relaxation, and softness of the integument, are induced. Even these, too, do not uniformly succeed, especially when too long postponed, or the skin is deeply affected; and in such an emergency, advantage might possibly be derived from some of those emollient applications employed in erysipelas, scalds, &c.

In the congestive variety of scarlatina, which is now to claim attention, the attack as formerly mentioned, is sometimes introduced by a very protracted collapse. The leading object here, is to arouse the recuperative powers, and to bring on due reaction, the means of effecting which having been detailed on several preceding occasions of essentially similar character, they need not again be recited with any particularity. It may be sufficient to remind you, that they consist of the warm bath, succeeded by frictions or sinapisms, or blisters, to the extremities, and above all, over the epigastrium, with warm beverages, or possibly some of the more active diaphoretics. Having attained the object in view, then an emetic, and afterwards purging with calomel, constitute the approved practice. These measures are held to be, by the highest authorities, as even more appropriate to this, than the other form of the disease. They are calculated to cleanse the primæ viæ, to prevent or remove congestions, and to excite the cutaneous surface.

To a greater extent, however, than any one else, was Hamilton addicted to the purgative practice. "Many years ago," says he, "when the prejudices against purgatives were more decided and prevalent than they are at this time, I continued to prescribe them. My doing so was, indeed, the necessary consequence of the advantage I had experienced from the same remedies in typhus. I had learnt, that the symptoms of debility which take place in this species of fever, so far from increasing, were obviously relieved by the evacuation of the bowels. I was, therefore, under little apprehension from them in scarlatina. I have never witnessed sinking or fainting, as mentioned by some writers, and so much dreaded by them: neither have I observed a revulsion from the surface of the body, and consequent premature fading, or in common language, the striking in of the efflorescence, from the exhibition of purgatives."

Considering how exceedingly vitiated are the secretions usually in this form of the disease, and the irritation which they must create when collected

in the alimentary canal, the propriety of removing them seems scarcely disputable. Nevertheless, I suspect, the practice has been abused, as well by a too indiscriminate recurrence to it, as by urging it to excess. Let it be restricted to its legitimate purpose, and, I think, there can be no doubt of its safety and usefulness.

It is far less easy to decide on the expediency of venesection. The abstraction of blood appears to be required, by the loaded state of the organs, and contra-indicated by the depression of the vital energies. My own conviction is, that it should not be hazarded, unless reaction is pretty firmly established, the circulation in some force, and the skin warm—and, even here, is to be resorted to with circumspection. Much safer is topical bleeding by leeches or cups, and under equivocal circumstances, should be invariably preferred.

The case, however, becoming more decidedly typhoid, a resort must be had to a combination of calomel, opium, and ipecacuanha, repeated every hour or two. The mercurial practice of late so strenuously commended by some, originated in this country. It is upwards of a century since it was employed by Dr. Douglass, of Boston, in an epidemic scarlatina of that city, who extols the superior efficacy of it in a publication on the subject. Commencing with calomel as a purge, he next urged it to a salivation. The latter, however, in contradiction to his reports, I should think hazardous. It is better to aim only at its alterative effects; and such seems to be the end for which it is now, by common consent, directed. The difficulty, indeed, of salivating in this disease is very great, and there are some writers who deny that it ever takes place. No doubt it is among the rarest of occurrences, and I am inclined to suspect, that Douglass mistook the salivation, which is a common incident of the disease itself, for the mercurial effect.

But while thus conducting the general treatment, the affection of the throat, should it exist, must not be neglected. The best remedies for it in the beginning, are topical bleeding, blistering, and warm poultices.

Whatever may have been the precise character of the disease in the early stages, when exhaustion supervenes, there is considerable uniformity as to the plan to be pursued. An appeal is to be made to those means by which the resources of life are revived or strengthened; and of which carbonate of ammonia, camphor, wine whey, or wine itself, or even diluted ardent spirits, and opiates, if not especially contraindicated, are usually confessed to be the most efficacious. But the muriatic acid was at one time exceedingly confided in, having been introduced by Sir William Fordyce, who gave the strongest assurance of its efficacy, directing it with some bitter infusion, as that of the bark especially. By some of the West India practitioners, the compound infusion of capsicum, to be noticed presently, as a gargle, is considered also as among the very best of internal remedies, in the dose of a tablespoonful occasionally repeated. Nothing, however, have I found at this conjuncture, comparable to the sulphate of quinine, alone, or with laudanum, and the dulcified spirits of nitre, as may be indicated, aided by some cordial drink. Little

is here gained by blisters or sinapisms. They rarely excite the skin; and when they do, the inflammation is very apt to degenerate into gangrene. But stimulating frictions are serviceable.

We must again revert to the anginose affection, which, changing with the progress of the disease, requires a modification of treatment. On the occurrence of the aphous appearance, mild detergent gargles are to be resorted to; and when sloughing commences, those of more activity, such as barley water with the sulphuric or muriatic acid, or a decoction of Peruvian bark with these acids, or the tincture of myrrh diluted, or an infusion of capsicum prepared in the following mode:

R. Caps. coch. mag. ij.
Soda muriat. coch. min. iss.
Aq. bull. lb.ss.
Acid. acid. ib.

M. Infus. et collat.

It is probable that gargles of the chlorate of soda, or lime, might be beneficially used. But the best application I have tried is that of burnt alum, in a mode presently to be mentioned. The sloughs being detached, leaving an unhealthy surface, the black mercurial wash, or a solution of the sulphate of copper, or of the nitrate of silver, or preferably here, too, the burnt alum, may be applied by a small brush or hair pencil. But if, instead of ulceration, the fauces are covered by a membranous exudation, it is proposed for its removal, to apply to it in the same way the lunar caustic, or muriatic acid mixed with honey. Emetics are recommended in each case with a similar intention, or to cleanse the throat, and to institute a more healthy action. The sulphate of mercury has been praised particularly for this purpose, though I suspect it has no just claims to a preference. Nor are they less deserving of regard as emulgents of the bronchial structure when heavily oppressed by accumulations of viscid secretions, or from other matters.

This concludes the medical treatment of scarlatina in its several modifications.

Of regimen I have to observe, that it should harmonize with the remedies. The diet, in the decidedly inflammatory states, must consist of cold mucilaginous beverages exclusively, and if other drinks be urgently desired, which happens in very heated conditions, water may be allowed, of icy coldness, in small quantities. Even ice itself is admissible. Let, also, the freest ventilation be practised in hot weather, and the patient very slightly covered. But under other circumstances of the disease, the course is reversed. Either the eruption refusing to come out, or showing a disposition to recede, or the skin is cool, the pulse feeble, or any other evidence existing of typhoid prostration, a higher degree of temperature must be observed, the diet more nutritious, and the drinks warm, and, perhaps, cordial and exciting.

After recovery from the disease itself, there may be certain sequelæ or effects, to which our attention is often called. Cases are to be met with of enlargement of the parotids, or testicles, suppuration of the ears, various pectoral, or gastric, or enteric affections, hydropic effusion, or great derangement of the nervous system, expressed by palsy, chorea, hysteria, epilepsy, or neuralgia, as well as chronic cutaneous eruptions, mostly herpetic, and the de-

velopement of scrofula, &c. The most common, however, of these consequential lesions, is a hot, dry, harsh, unperspirable state of the skin, and especially when desquamation has not taken place. The functions of the surface, so essential to the order of health, are hence not performed, fever is kept up or revived, with a most harrassing degree of itching, preventive of all quietude or sleep, and chiefly occasioning, as I believe, most of those very affections I have enumerated, and particularly hydropic effusion. As the cause of so much mischief, this condition of the tegumentary tissue should always be removed without delay; and the most effectual means of doing it is tepid bathing, either by the sponge or immersion in a bath, taking special care to avoid any exposure to cold. Yet it may be necessary, where excitement is high, to bleed and purge moderately, and next resort to the mild diaphoretics. But from bad management or otherwise, dropsy is so very frequent an occurrence, and as it of the several affections alone exacts any peculiarity of treatment, it presents here an exclusive claim to consideration.

Generally it appears as edema of the lower extremities, or of the face and neck, though there are numerous instances of effusion, also, into the cavities. Bateman truly remarks, that when the anasarca becomes general, a sudden effusion occasionally takes place into the cavity of the chest, or into the ventricles of the brain, causing death in a few hours. Cases of this kind I have frequently seen.

Great contrariety of opinion prevails as to the management of this secondary dropsy. The fact is, that it is connected with such opposite states of the system, that no one plan is suited to all the cases. Existing, which usually happens, with an accelerated, hard, and febrile pulse, unrelenting skin, deficient urinary secretion, the little that passes away depositing a lateritious or pink-coloured sediment, there ought to be no hesitation as to the propriety of venesection, the saline purgatives, the mild diuretics, the nitrate of potash, or the cream of tartar especially, with a very low diet.

Treated differently, it invariably proves obstinate or fatal, of which Bursenius gives a very striking illustration. Early in the last century, an epidemic scarlatina prevailed at Florence, followed in nearly every case by more or less edema, pulmonary oppression, fever, and diminished urination. Tonics were for a time tried, under which the dropsy was greatly aggravated, and the mortality considerable. Dissection, however, disclosing inflammation of the lungs, alimentary canal, and kidneys, venesection with its auxiliaries was adopted, and the result came to be uniformly favourable. Yet it is no less true, that effusions may take place under circumstances directly the reverse of the preceding, or in a weak and highly cachectic condition. Moderate purging, and the more stimulating diuretics are here the remedies in which confidence is usually placed. But I have found an infusion of digitalis singularly efficacious, and in many instances so much so, as to supersede all other measures.

To restore strength and soundness of constitution, the martial preparations, exercise, and a nutritious diet, sometimes become necessary, and particularly in exsanguinous, or leucophlegmatic

states. But where the treatment of the disease has been careful and judicious, such sequelæ are of rare occurrence, and may, perhaps, be entirely obviated.

As a preventive of scarlatina, the use of belladonna has, of late, attracted some attention. The facts, indeed, bearing on this point, are exceedingly curious, and coming from most respectable sources, ought not to be contemptuously or heedlessly passed over, or rejected. Berendt, a physician of Vienna, declares, that by the use of the article, only fourteen out of one hundred and ninety-five children exposed to the contagion took the disease, and these had it very mildly. We are further told by Professor Herholdt, of Copenhagen, that he found it to preserve several hundred children, during the prevalence of the disease as an epidemic in that city, and on a subsequent occasion, when it appeared even more violent, out of nearly a hundred families, all escaped except one, and of this, he is doubtful whether they took the medicine. The testimony of Dr. Korest, of Berlin, is scarcely less decisive; and a variety of attestations from other medical men of the continent of Europe might be advanced. Ten or fifteen drops, morning and night, of the watery solution of the extract of belladonna, in the proportion of two or three grains to the ounce, is the common mode of exhibition.

To what extent these statements are to be credited, I cannot say from any experience of my own. Distinct from the authority by which they are sustained, when we advert to the powerful impression of the belladonna, we may, on the principle of the incompatibility of two actions simultaneously existing, get an explanation of its modus operandi, and be not altogether incredulous. That pre-occupying the stomach by food, cordial drinks, and even by certain medicines, as opium, or bark particularly, has proved prophylactic as to intermittent and some other diseases, is abundantly demonstrated. Yet by the assurance of Hahnemann, the author of the homœopathic doctrines, which, founded in fraud and imposture, have alike deluded the credulous, and disgraced medicine, that he was equally successful in the infinitesimal dose of a few drops, daily, of a solution, each drop of which contained no more than the twenty millionth part of the grain of the extract, distrust, and even ridicule, are cast over the whole affair, and our faith must be withdrawn or suspended, till fresh and better evidence is afforded.

With this I conclude the account of those eruptive fevers, which, however they may differ in some particulars, are so nearly allied, by having one common source in a specific contagion, and running a definite career, reproductive of exactly the same sort of contagion, that, on the ordinary principles of classification, they seem to require to be separated from the other cutaneous affections, and to be arranged together as in one family.

Next I am to bring forward another set of these febrile diseases, which, though in their external physiognomy, they bear a close analogy to some of the former, are dependent on different causes, and in their nature are so dissimilar, that they must be placed under a different head.

REMARKS ON CROUP. By C. D. MEIGS, M.D.

To the Editors of the Medical Examiner:

Gentlemen.—For more than twenty-five years I have had very numerous opportunities of observing the disease called croup, and vulgarly known as hives. In my experience, I have not frequently seen the malady terminate fatally, except when complicated with scarlatina. I have so generally found it to yield readily to treatment of a mild kind, that I have suspected a major part of the cases to be unattended with active inflammation, and hence to be far less dangerous than commonly supposed; and less frequently demanding for their cure, a resort to venesection and harsh measures, such as leeching, blistering, &c., than is usually imagined. It is on this account that I feel prompted to send you this essay, with a hope that it may not be altogether inopportune at a season when the anginose disorders begin to be prevalent.

Cynanche trachealis, or croup, consists in inflammation or irritation of the mucous lining of the larynx. Inflammation of this tissue, is liable to one of the common terminations, or cures of inflammation, to wit, the effusion of a fluid. It is not inevitable, in every case, for the cure to be effected by effusion. The disorder may go off by resolution, which is the promptest and safest result, and one which should always be procured, if possible.

When effusion does take place, it may consist of a mucus containing a very large proportion of albumen, and so coherent to the surface from which it exudes that it seems to be really plastic; and does, in fact, assume the form of an artificial membrane, lining the larynx and trachea, and becoming thicker with every additional drop effused, so that at length the admission of air to the lungs is almost wholly prevented, and the patient dies with asphyxia.

It does not happen in every case that the effusion is followed by such unhappy consequences, for from the vessels of the larynx may issue a considerable quantity of mucus so very liquid that it keeps up a constant cough and screatus, with feeling of soreness in the windpipe, and, as the liquid is expectorated as fast as it is effused, no considerable angina is occasion by the disorder. In all cases of laryngeal inflammation, with tendency to plastic effusion, the exigency of the demand for relief is very great, as the patient is hurried with rapid strides to a fatal issue. The lymph adheres so firmly that no effort of the patient, either in coughing or vomiting, can be reasonably expected to detach it. If the physician does not arrive in time to prevent the disastrous tendency to effusion of lymph, his subsequent endeavours will, for the most part, prove unavailing. But, it is consolatory to reflect, that, in some few instances, life may be preserved after the most unequivocal evidences have been had of the existence of a plastic secretion in the windpipe.

The croup that proves fatal, so far as my observations enable me to speak with confidence, does not attack suddenly. The inflammatory turgescence of the membrane progresses slowly, and is marked by occasional cough; yet more particularly by hoarseness of the voice, which gradually loses its sonorousness, and sinks into a whisper, in speaking or crying; but gives out the trumpet, or croup sound, in coughing, and only then. This

whispering of the voice, sometimes continues a day or two before the sound of croup can be heard, and when it is heard, the danger is already great, and the catastrophe imminent.

In another, and far more common, form of the malady, the patient is attacked without any premonitory signs. If it be a child, he has, probably, been put to bed in apparent health, and after sleeping an hour, or more, is seen to start suddenly from sleep, with all the appearances of a person strangling. The croup sound is heard at once, and of the loudest tone. The child struggles, both from alarm and from a sense of suffocation; but after three or four minutes begins to be more composed, yet coughing frequently, with the sound peculiar to the case. The fright, and the struggle, generally occasion a disturbance of the circulation. The pulse becomes frequent and full, but the temperature of the body is not augmented, and, in a short time, it is found there is no fever. A mild remedy is employed, the patient soon falls asleep, and has no return of the croup during the remainder of the night. It is highly probable, however, that he will have a similar, but milder attack in the following night, after which he is well.

Such, I am confident, is a just picture of a great majority of the cases of croup. These cases prove very rarely fatal, and are easily cured without resort to harsh remedies, and without the necessity of doing anything that may affect the child's health for a moment after the principal symptom is vanquished.

From the foregoing remarks, it is apparent that I suppose the existence of two forms of the disease,—one highly inflammatory and exceedingly dangerous, the other far less inflammatory and scarcely furnishing fit occasion for a moment of anxiety. In the former there is the strongest tendency, from a slowly increased inflammation, to the effusion of plastic lymph; in the latter there is inflammatory irritation of the larynx, with tendency not to effusion, but to the induction of spasm of the glottis. The one is an acute inflammation, the other is a spasmodic affection, the result of irritation in the windpipe.

I think this view of the case is enforced by a consideration of the effects of remedies. In the dangerous croup, which is cured by venesection, the croup sound continues for hours; abating by degrees only, and only by means of the most copious depletion; in the latter, the croup sound often ceases entirely, and never returns, upon the exhibition of a small quantity of ipecacuanha, or any other emetic substance, even where no emesis is produced. I am inclined to think that, in the spasmodic form, the sound is more distressing than in the more dangerous case,—for I have always observed that, as the dangerous case advances to its fatal conclusion, the croup sound ceases to be heard, the voice being no longer sonorous, as it is uttered by a tube lined with soft phlegm and lymph. It is probable that most of your readers will concur with me as to the justness of this observation. Again, it is to be remarked, that, in the fatal form of croup, there is very little or no remission of the peculiar sound of the cough, until the power of phonation is lost in the total alteration of the laryngeal surface; whereas, in the spasmodic form, the child croups violently for

a few minutes, and then ceases altogether to do so; or he ceases for a little while, breathing easily, and without wheezing; after which, he may be seized again with the spasm, so as to produce all the phenomena in their greatest intensity, again and again, in the course of a night,—and appearing in the morning to be either quite well, or suffering only from a slight hoarseness and soreness of the throat.

Now, I admit that it is necessary to make a careful diagnosis of these two forms of the disease, inasmuch as the most fatal consequences might follow the mistaking of the one case for the other; or the child might be obliged to endure a very harsh treatment which, besides being wholly unnecessary, would be cruelty to no purpose.

The discrimination is to be made by a careful examination of the pulse, the state of the skin, the respiration, and symptoms, which existed up to the time of calling in the physician. If the pulse be not much disturbed, or not more than can be well attributed to the alarm and agitation of the patient, if the skin be not of an increased temperature, if the respiration be not all the time difficult, and if the attack shall have been sudden and without premonition, then a foot-bath with mustard, and an emetic of ipecacuanha, is in general all that is necessary for the cure. A small teaspoonful of the ipecacuanha may be mixed with a wineglassful of water, and given in doses of a teaspoonful of the mixture every ten, fifteen, or twenty minutes, according to the urgency of the symptoms. I have seen many apparently severe attacks yield to a single dose of the mixture, and without emesis; and very numerous instances in which a single act of vomiting has sufficed to dispel all the anxiety of the child's friends, by the complete relief which has followed the operation.

An emetic is incapable of curing the more violent or inflammatory croup, and notwithstanding the very considerable relief which is procured by it, it will be found that there is a very evident obstruction of the larynx remaining after the freest vomiting; while in the spasmodic croup, the breathing is generally found to be so completely restored to its natural character, that it is scarcely audible in a very short time after the emesis has been produced.

(*To be continued.*)

BIBLIOGRAPHICAL NOTICE.

Lectures on the Theory and Practice of Physic, delivered in the College of Physicians and Surgeons of the University of the State of New York, by the late DAVID HOSACK, M.D., LL.D., F.R.S., Professor of the Theory and Practice, &c., and of Clinical Medicine in that Institution. With an Introductory Letter, by NATHANIEL CHAPMAN, M.D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania, &c. Edited by his Friend and former Pupil, HENRY W. DUCACHET, D.D., Rector of St. Stephen's Church, Philadelphia. Philadelphia: Herman Hooker, Chesnut Street. 1838.

DR. HOSACK'S Lectures contain a lively and faithful description of the symptoms of fevers,

chiefly derived from his own observations. The part of the course which is devoted to fevers, occupies a large portion of the volume; the rest is taken up with the phlegmasiae, and some diseases which are allied to them. In this portion of the work we must expect some deficiencies. The diagnosis of diseases, by means of the local signs, has become much more perfect, at present, than during the life time of Dr. Hosack, and a series of lectures, which are based exclusively upon the general symptoms, now presents an incomplete and, as it were, an unfinished appearance.

It has often been stated that our knowledge of the general symptoms of disease has become much more accurate since the discoveries of Laenec, at least since their general adoption by physicians. This is abundantly shown by the present course of lectures. Dr. Hosack has not given so extended nor so precise an account of the general symptoms of pectoral disease, as are now to be found in most works specially devoted to the subject. An exclusive reliance on general symptoms does not render us more successful in discovering them; on the contrary, the general symptoms of disease are more completely studied since the attention of physicians has been directed to the local signs.

The transmissibility of diseases, by direct contagion, was a favourite doctrine of Dr. Hosack. We know not what may have been his doctrines in the earlier periods of his life, but it is certain that his lectures do not present his opinions as to contagion in a very exceptionable form. Indeed, with them we are disposed to coincide to a great extent, for we believe that certain diseases, when the patients are collected together in large numbers, do tend to reproduce themselves, as it were, in healthy individuals. We may call it a feeble degree of contagion which can only act when a large number of patients are thus concentrated together, or we may modify our phraseology still further, and term it infection; the truth remains, that but a few diseases, under unfavourable circumstances, particularly imperfect ventilation and the crowding of many individuals together, do tend to reproduce themselves. Amongst these diseases, are to be found typhus, scarlatina, and measles, and, very probably, typhoid fever, cholera, and, perhaps, in rare circumstances, yellow fever. Of course we do not now allude to those cases in which the contagious principle is very powerful, as variola and syphilis, but merely to a class of diseases which are often regarded as entirely insusceptible of direct transmission. The opponents of contagion in this country have emancipated themselves from many absurd prejudices; but while they have re-

jected numerous errors they have, perhaps, fallen into others of less importance than those which they have avoided, but still leading them away from the conclusions to which strict observation would have conducted them.

THE MEDICAL EXAMINER.

PHILADELPHIA, DEC. 5, 1838.

INSANE HOSPITAL.

A highly respectable and large meeting of citizens of Philadelphia, was held at the Supreme Court Room, on Thursday the 29th of November, to request the aid of the Legislature in erecting hospitals for the insane poor of the state. We have, for some years, been convinced of the necessity of some such measure. From an official connexion with the only hospital in which the greater part of the insane poor of the city and county are admitted, we have ascertained, most completely, that no adequate provision for the management of chronic cases of insanity can be made at an hospital which is not exclusively destined for this purpose.

The Pennsylvania Hospital, for the insane, is a large institution at a little distance from the city, and, when completed, will, doubtless, present all the advantages of the best conducted institutions. The insane, who are now treated in a building not entirely adapted to their use, will then enjoy the advantages of air and exercise, with the restorative means afforded by regular employment. We need an institution of the same kind for the poor, and if the attention of the public spirited individuals, who have at present suggested this measure, should be carried out, we have no doubt that an insane hospital will soon be established in Pennsylvania, which will be in nowise inferior to the excellent institutions already so liberally endowed by eleven of the states.

CLINICAL LECTURES.

PHILADELPHIA HOSPITAL.

ON PLEURISY, PERICARDITIS, ETC.

Saturday, Nov. 24.—Dr. GERHARD said: You may remember that a patient, labouring under ascites, was presented to you about a fortnight since. The nature of the disease was then stated, and it was then mentioned that the prognosis was extremely unfavourable. The patient had been previously attacked with external fungus haematoxides. The tumour appeared on the cranium, and was readily removed by Dr. Horner. Diarrhoea supervened during his residence in the surgical ward; he was finally transferred to the medical ward, was cured

and discharged; went to work, and continued well for two months, when he was attacked with chills, sweats, and, finally, pains in the back and abdomen, which gave him much uneasiness for a month previously to his entrance. The swelling of the abdomen was perceived nearly a week previously.

He has now been in the hospital almost three weeks, and has been subjected to various remedies without advantage. Frictions of camphorated mercurial ointment were made over the abdomen until ptyalism took place. Diuretic drinks, such as an infusion of juniper berries, a solution of supertartrate of iron, and of cream of tartar, have also failed. We have, finally, placed the patient upon squills and digitalis, in the proportion of two grains of the former and two-thirds of a grain of the latter three times daily. We have attempted the sudorific and purgative plans of treatment, but they were not persevered in sufficiently long to ascertain whether any benefit would be obtained from them.

On the failure of these means, the operation of paracentesis seems absolutely necessary, less with the hope of restoring the patient to health, than of affording him a degree of comfort which cannot be obtained while the abdomen remains so much distended. If the operation is not performed, his death is certain within a short period; if it be performed, he will certainly be relieved of the distension and of most of the pain which he now suffers; but, on the other hand, he runs considerable risk from the occurrence of acute peritonitis, an accident which is by no means rare after tapping, particularly in the advanced stage of the disease which this patient has reached. Under all these circumstances, the most advisable course was to propose, but not to urge, the operation upon the patient; a fortnight ago he objected, but last evening he requested that it should be performed.

The prognosis which is so unfavourable in the case, depends,—1st. Upon the fungus haematoxides, which, as you well know, is a constitutional disease, and, although extirpated upon the exterior, has, probably, attacked an internal organ—the liver. 2d. Upon the disease having followed a chronic diarrhoea, which was, in some measure, dependent upon his original constitutional disorder. When ascites comes on, with flying pains in the abdomen, after the cessation of diarrhoea, we usually regard it as arising from a chronic peritonitis complicated with tubercles of the serous coat. But as he was already affected with a chronic disease of a different nature, the probability of the previous occurrence of tuberculous inflammation is by no means equally great.

[Upon consultation with Dr. Gibson, the operation was performed by him in presence of the class in the usual manner, but only about two-thirds of the whole quantity of liquid contained in the abdomen was removed. It was thought more prudent not to take away the whole quantity thus suddenly from a patient in this exhausted condition.]

I shall now state in what condition the patients remain, who were presented to you on last Saturday. One, you may recollect, was a young man, who had entered the hospital immediately before the lecture. He had a dry, red tongue, much nausea and vomiting, with great tenderness at the epigastrium, there was a little cough, some dyspnoea,

and considerable fever. The case was mentioned as one of gastritis; and the patient was directed to use demulcent drinks, to diet, and to be cupped over the epigastrium. On Monday the symptoms of gastritis had diminished, but there was a suspicious eruption of little reddish points over the greater part of the body. On Tuesday these elevations were vesicular, and the fever had completely ceased. On Wednesday the vesicles had become purulent, and the patient was transferred to the City Hospital, as a well-marked case of varioloid. This case is highly interesting to you; you witnessed the great distress of the patient, the very evident gastritis, and the high fever which accompanied the local symptoms, the limited influence of treatment, and the rapid subsidence of the symptoms as soon as the eruption appeared. This is almost a peculiarity of varioloid; the premonitory fever is often quite as great, sometimes even greater, than in variola; but the moment the eruption comes out, an entire calm follows the great disturbance of all the organs, and the patient is well as far as the general symptoms are concerned. I might pursue the analogies of this case much further, and speak of various forms of eruptive fever, characterized by intense general symptoms, and partial or complete subsidence of them as soon as the characteristic eruption appears. In other forms of eruptive fever, there is, however, usually something characteristic from the very beginning; but in variola, and indeed in all variolous diseases, there is no absolute connexion between the symptoms which precede and remain after the eruption. You may entertain a suspicion of the true state of the case, but you can never be sure of it; the suspicion becomes stronger, if an epidemic happens to prevail; but when we see only sporadic cases, we are frequently at fault. In these cases you must still exercise your powers of diagnosis; and if you are not certain of the future progress of the disease, you may, at any rate, with great advantage, treat the gastritis, or the cerebral irritation, and thus relieve your patient, and perhaps render the course of the disease decidedly milder.

The symptoms which may give rise to a probable diagnosis before the appearance of the eruption, are the violence of the fever, the local signs of gastritis, and the intense pain in the head and neck, which are more severe than in most febrile diseases.

I shall now proceed to demonstrate to you another case of disease, which has just entered the hospital:

Thomas Riley, aged twenty-three years, a single man, entered the hospital November 22d, 1838. Born in Ireland; in this country for four years; a labourer; at work as an ostler for the last sixteen months, during which time he was quite well; sober. He was taken ill six weeks ago; does not recollect the day. Was taken with pain at the lower extremity of the sternum; had been driving an omnibus for two days during a hard and steady rain, at the end of which time he was taken ill. Pain continued at the point first attacked. Oppression and cough followed; first the dyspnoea, and the cough about two weeks before his entrance; the pain has ceased for last four days, but the oppression continues—a little lighter; cough is better; not able to lie on his back always; at times obliged

to sit up until morning. As soon as dyspnœa occurred, a blister was applied to the right side of his chest, three and a half weeks before his entrance, when he was able to lie on that side; could never lie for any time on left side; prevented by increase of oppression; cough most at night; expectoration whitish, thin; sleep sound, no dreams; had pain at the right side also for five days, beginning about two and a half weeks after that at the sternum, which had ceased five days after its occurrence, on the application of a blister; no swelling of the face, but has had swelling of the feet for five weeks, nearly stationary; palpitations not distinct; scarcely recollects them; gave him little trouble; had them on walking up and down stairs; kept his bed after the first three days, and had no palpitations, but had them on rising and walking up stairs after three weeks; chill on the third day, and again repeated the same night; felt rather better afterwards; sweats chiefly at night; little fever; thirst great; appetite good; bowels costive; was quite well before the present attack; no shortness of breath, palpitations, nor epistaxis; (never had the latter but twice;) never had rheumatism or syphilis. Was attended by a physician; bled once, and took some purging medicine; no one saw him for the last three weeks, during which time he applied a blister to his side, and drank milk.

Present state; Nov. 23d.—Well made; dark complexion; slight emaciation. Feet and legs a little œdematosus; decubitus dorsal, sensibly elevated; nostrils dilating; lips a little purple; no flush of the cheeks; intellect very clear; no cephalalgia; strength very feeble; respiration thirty-two; high, quick, and noisy inspiration; costal; no pain on breathing; it has ceased for four days past; pulse one hundred and twenty-eight; bis feriens; easily compressed, a little irregular; almost no expectoration; cough short, dry; voice clear; skin warm; sweating cool, slight; no chill; tongue whitish, moist; appetite good, less than in health; costive, no discharge for three days; abdomen tympanitic at the lower portion.

Thorax.—Manifest distension of the right side; percussion on the left side, clear throughout; posteriorly, on the right, complete flatness; a little less perfect at summit of lung, most perfect laterally; anteriorly, right side, flatness nearly perfect to clavicle; left side clear, except at the precordial region, where the flatness extends an inch to the left of it from fourth rib down; flatness from right side extends to the left margin of the sternum; respiration posteriorly, at the summit of the right side, tubal; at the middle third, of the same character, a little less intense; in lower third, still less strong; no distinct vesicular sound; in the axilla, the same feebleness of respiration, and bronchial; anteriorly, it is the same at the right side, at the summit tubal; in descending the same character continues, but gradually diminishing and replaced by very feeble respiration. Voice—at the summit of right side, strong bronchophony; at middle third, and especially towards the axilla, strong egophony, which gradually becomes less intense in descending; anteriorly, at summit, bronchophony; egophony, observed in lower two-thirds. Left lung, at the summit, posteriorly, respiration vesicular, but the bronchial

sound is conducted from opposite lung; below, the respiration is vesicular and puerile; in the axilla, the same character observed, and at upper part of left side anteriorly. Sounds of heart both heard; impulse exaggerated.

R. Tinct. digitalis 3j.
Spiritus ether. nitros. 3i.
Pulv. gum. acae. 3j.
Aquæ menth. p. 3iiij.

M. ft. mist.

To begin to-morrow morning, half an ounce, four times a day.

R. Vini sem. colchic. 3j.
Magnes. sulphat. 3ss.
Magnes. ustæ 3j.
Aq. menth. p. 3iv.

M.

Take one half, and if not purged, take second half at end of three hours. Gruel, bread, tea, &c.

In this case the problem afforded for diagnosis, is a very simple one. We may ascertain the nature of the disease by the general symptoms and local physical signs. First, of the general signs; these are usually sufficient for the diagnosis of thoracic diseases one from another, but not for distinguishing the variety, or for ascertaining the progress of a particular disease. The method of using the general or functional signs in diagnosis, depends, in part, upon our knowledge of the functions of a particular organ, which are necessarily more or less altered as soon as the organ becomes seriously affected; and in part from the absence of the signs indicative of suffering in those organs of the body which remain healthy. The latter mode is termed diagnosis by way of exclusion, and is extremely useful when a diseased organ does not present very marked symptoms. We then run over in our minds the symptoms of other diseases more or less similar in some respects to those which the patient before us presents, and after we have found that they are wanting we may arrive with great certainty at the knowledge of the real disease. This method of diagnosis requires, of course, a certain knowledge of pathology,—that is, we must know positively what are the signs of various diseases, before we can undertake to say that they are absent in a particular case.

You will understand this better by the table, which I will now draw upon the black board; I arrange the symptoms belonging to particular organs in separate columns upon the board, and run lines across those columns which correspond to organs not presenting any important functional disorder.

HEAD.	NECK.	THORAX.	ABDOMEN.
		Cough slight. Expectoration catarrhal, white Dyspnœa, great. Sharp pain in right axilla on breathing or coughing.	

You see that I have stricken out the symptoms belonging to all the cavities, except the thorax. I find that both the cough and expectoration are insignificant, but we have, on the other hand, as positive symptoms, the dyspnœa and lancinating pain in the lower part of the thorax. We have, then, a right to conclude that there is no important

lesion of any organ, except those belonging to the thorax, and that in the thorax neither the mucous coat of the bronchial tubes, nor the parenchyma of the lungs are affected to a sufficient degree to produce either characteristic cough or expectoration. There remain two symptoms, the acute pain, and the dyspnœa; these both belong to pleurisy, which affects the right side only.

I have purposely omitted the symptoms belonging to the circulating organs, although they properly belong to the thorax. It would have complicated the diagram to have introduced them at first. Besides, these symptoms are not exclusively confined to the movement of the heart or the passage of the blood through the large vessels, but extend also to the capillary system, and thus include the whole body. I will, therefore, write them separately from the others, in a single line:

Edema of lower extremities. Pulse irregular, at least one hundred and thirty.

These signs are, in part, characteristic of a disease of the heart, and in part belong to every case in which there is much febrile excitement. The frequency of the pulse is of little importance in itself; it becomes so when combined with its irregularity, and then furnishes probable evidence of a disease of the heart. Edema of the limbs in an acute disease, is also another very probable evidence of a disorder of the central organ of circulation, and scarcely occurs at so early a period from any other cause. We may, therefore, regard the evidence as conclusive, that there is a real organic disease of the heart itself. The nature of the acute disease is known by other evidence. We ascertain from the patient that he was quite well previously to the present attack, had neither palpitation, oppression, nor other evidence of chronic heart disease. Hence we are enabled to state that the disease is acute, and connected, in all probability, with inflammation.

By reference to another law of pathology, the diagnosis is rendered still more precise. We have ascertained by an examination of the symptoms that the patient labours under pleurisy of the right side; now, we know that inflammation of the pleura and pericardium frequently coincide, and that, when there is pleurisy, if the heart participate in the disease, it is by inflammation of its serous coat. We might, therefore, conclude, that the evidence in this case is thus far sufficient to direct us to the nature of the disease, and its complications. Still this evidence is only probable; it is more probable for them who have great familiarity with disease, than for those who are not sufficiently acquainted with its phenomena to exclude from the calculation necessary for the diagnosis of a particular affection, symptoms which are not present, than it is for physicians who are not familiar with the whole circle of pathology. If we wish to render the diagnosis still more certain, we are obliged to resort to the local signs, as I shall presently demonstrate to you.

In the first place, we examine the chest of this patient. By the eye you may ascertain—even those of you who are at the distance of several feet from the patient—that the right side of the chest is excessively dilated, and its natural conformation entirely changed. Measurement would also prove

the same fact, but we can ascertain the existence of moderate degrees of dilatation much more readily by the eye, than by measurement, which is only useful in the most obvious cases. The dilatation arises from the liquid effused into the right pleura. The same liquid compresses the lung, forces out the air, and prevents the clear resonance on percussion. The third kind of physical signs are those furnished by the respiration and voice: in the upper half of the right lung the respiration is decidedly bronchial, and, in the lower half, it is nearly absent; that is, the compression of the pulmonary tissue is sufficient at the lower two-thirds to prevent the entrance of air into the pulmonary tissue, while at the upper portion of the lungs the respiration still continues through the large tubes, which are not completely obliterated by the pressure. It is bronchial instead of vesicular, because the vesicular structure is compressed much more readily than the larger tube; hence the vesicular murmur is destroyed more quickly than the bronchial respiration.

The voice yields signs equally characteristic; at the summit of the lungs we have decided bronchophony, and at the middle portion, in a zone extending along the inferior angle of the scapula to the anterior part of the thorax, the resonance of the voice is vibrating, or egophonic—a sign pathognomonic of effusion into the pleura, the liquid through which the voice is transmitted causing the peculiar vibration.

Now that I have demonstrated to you the physical signs of pleurisy, I have but a word or two to say respecting those of pericarditis. The dulness on percussion at the praecordial region, the feeble impulse of the heart, and the distance at which its sounds are heard, are the signs observable in the patient, and, with the general symptoms, are quite characteristic of this disease. Still, in most cases of pericarditis, the physical signs are more evident; as you may readily understand, when you remember that the disease had commenced in the pericardium some weeks since.

Of the treatment and prognosis of this case, I shall afterwards speak.

Dr. GIBSON introduced the following cases:

First. A case of entropium, or trichiasis. After making some general observations upon this disease, the Doctor proceeded to operate, by removing an oval portion of the superfluous skin of the eyelid, with the forceps and scissors. The edges of the wound were drawn together by two stitches of the interrupted suture, and the whole covered with a light dressing.

Second. A case in which the prepuce was so enlarged, as to form a troublesome tumour on the inferior and lateral parts of the glans penis. This case also presented a specimen of the *ulceration en arcs* of Rayer, or the horse-shoe ulcer of the Dublin schools. Dr. Gibson dissected away the hypertrophied mass; slight haemorrhage occurred, which was arrested by the application of ligatures, simple dressing, and a bandage to the penis.

Third. A case of hydrocele, of fourteen years' standing. Dr. Gibson operated, by puncturing the sac, evacuating the fluid to the amount of 3*xiij.*, and introducing a seton.

Fourth. A case of chronic mortification of the

right foot and ankle, occurring in a female aged twenty-nine. A black spot upon the instep was first noticed November 19th, five days since. This spot has gradually increased until the present time, involving the whole foot and ankle. Patient very weak, and sinking rapidly. Dr. Gibson ordered stimulants, a full diet, and fermenting poultices to part.

Fifth. A case of ascites, from Dr. Gerhard's wards, by whom the history of the case was given. Dr. Gibson performed the operation of paracentesis abdominis, and drew off about two gallons of fluid.

[We have not given at length Professor Gibson's clinical remarks on the cases to-day introduced, but refer our readers to full reports on these topics, published during the last clinical season. Lectures on subjects not previously noticed, the progress of the course will soon enable us to present in detail.—Eds.]

CLINICAL REPORTS.

PENNSYLVANIA HOSPITAL.

List of Cases treated in the Surgical Wards of the Pennsylvania Hospital, and discharged between November 14th and 28th, 1838. Dr. T. HARRIS, Attending Surgeon.

[Reported by HENRY H. SMITH, M.D., Resident Surgeon.]

A CASE of slight contusion of the thigh, from the kick of a horse, was admitted November 12th; treated by perfect rest and frictions, and discharged at his own request, November 14th.

A case of fracture of the lower end of the radius, a short distance above the wrist joint, was admitted October 17th. It was dressed in the usual manner, with two padded splints, one on the back and the other on the front of the arm, extending from beyond the fingers to the elbow, loosely bandaged for the first three days, afterwards more firmly. Discharged cured, with perfect motion of all the joints, November 17th, thirty-one days after the accident.

A case of fracture of the neck of the scapula, caused by a fall from the fourth story of a house, on a projecting plank, was admitted October 27th three hours after the accident. On his admission it appeared to be a dislocation of the head of the humerus forwards, but its immediate reduction on carrying the elbow upwards and backwards and the crepitus showed the true injury. Violent inflammation around the joint followed. The limb was, therefore, simply suspended in a handkerchief, the patient confined to bed, leeched, and lead-water cloths kept constantly to the part. This reducing the inflammation, the sling, collar, and pad of the clavicle apparatus were applied, and reduced the parts nearly to their proper position. This dressing was continued three weeks, when a common sling was substituted. The man was discharged November 28th, thirty-two days after the accident, with the perfect use of the limb, but with a little deformity, caused by the bone being drawn forwards by the great action of his muscles.

A case of violent twisting of the muscles of the

neck, caused by a fall, was admitted November 16th. On admission there was reason to suppose a partial dislocation had occurred, as the arm and part of the body of one side were paralysed; the patient was also unable to turn the head, or move it forwards or backwards. An examination of the spinous processes, however, showed that there was no displacement, and, by raising the head, it was possible to turn it partially. Cups and frictions were applied, the patient placed in an easy position, not being able to lie down, and the neck surrounded by raw cotton. These means afforded relief in the course of thirty-six hours, and the patient was discharged with perfect command of the neck, November 23d.

A case of contusion of the deltoid muscle, caused by a fall, was admitted October 24th; there was great swelling and perfect inability to move the arm. The patient was placed in bed, cups applied to the part, afterwards leeches, and warm cloths. This relieving the inflammation, the arm was placed in a sling, and the man allowed to walk about. The muscle wasted considerably, and there was perfect inability to raise the arm or to move it at all. Frictions of soap liniment were afterwards used, and he was discharged with tolerable use of his arm, at his own request, November 21st, twenty-eight days after the accident.

This case offers an instance of an interesting class of injuries, viz. contusion and subsequent paralysis of the muscles. The patient was remarkably muscular on admission, yet before his discharge the shoulder had the flat appearance seen after a dislocation, and he had regained but partial use of the limb, although twenty-eight days had elapsed since the accident.

A case of compound fracture of the skull, caused by an axe falling on the head, was admitted July 29th, 1838. There was an incised wound of the scalp, two and a half inches long, and a simple fissure in the cranium without depression. The man was perfectly sensible and walked into the house. The wound was drawn together and dressed with lint, exfoliation of the bone afterwards took place, and continued at intervals until October 28th. Erysipelas attacked the scalp on November 15th, and the man was discharged cured, November 21st, one hundred and fifteen days after the accident.

A case of compound fracture of the skull, caused by the kick of a horse, was admitted 22d of October; hernia cerebri followed, and death November 23d. Reported at length in this number.

A case of paronychia of the thumb, in a girl, was admitted October 24th; the parts were freely opened; the last phalanx came away, and she was discharged November 26th, thirty-three days after admission.

A second case of the same, in a man, was admitted October 10th; treated by free incisions, &c., loss of the bone followed, and the patient was discharged November 28th, forty-nine days after his entrance.

A case of fracture of both bones of the leg, was admitted October 1st; treated in the usual manner, and discharged November 28th, fifty-eight days after admission.

A case of simple transverse fracture of the tibia,

was admitted October 28th; kept in a fracture box for two weeks, afterwards dressed with the pasteboard splints, and allowed to walk about. Discharged November 28th, four weeks after the accident; union perfectly firm, and the patient able to move with a stick.

A case of fracture of the tibia with bending of the fibula, consequent on a fall, in a boy, eleven years old, suffering under mollities ossium, was admitted September 3d. The limb was kept in the fracture box; union being slow, blisters were applied constantly for three weeks, when it became firm; pasteboard splints were applied November 18th, and the boy allowed to walk. He was discharged cured, November 28th, eighty-six days after the accident.

This was the sixth time this boy had been in the institution within the last five years, the other leg having been broken twice.

Case of Compound Fracture of the Skull, followed by Hernia Cerebri; death thirty-two days after the injury.

Wm. H—, æt. thirty-five years, was admitted on the evening of the 22d of October, 1838, for a compound fracture of the skull, caused by the kick of a horse four hours before his entrance. On his admission there was found a wound three inches long in the scalp, and a comminuted fracture of the skull, for the same distance, near the junction of the occipital bone, with the parietal of the right side. Several pieces of the cranium had been removed previous to admission, and several more afterwards. A slight superficial wound, also, existed over the right ear; pulse slow, but feeble; answers slowly, not altogether rationally; pupils natural; no paralysis; head shaved, cold applied to it, and sinapisms to extremities.

23d.—Rested well; pulse quick and febrile; skin hot and dry; head hot; perfectly sensible; complains of no pain; ordered V. S. to $\frac{3}{2}$ viii.; R. cal. jalap. $\frac{1}{2}$ gr. x.; poultice to wound.

25th.—Pulse risen since last bleeding; fever continues; otherwise doing well. R. mist. neut. $\frac{3}{2}$ vi., ant. tart. gr. ss., $\frac{3}{2}$ ss. q. 2dâ h.

27th.—Sleeps well; tongue natural; bowels torpid; pulse slow and regular, eighty in the minute; no fever; wound suppurating a little on the edges; perfectly rational, but inclined to dose. Ordered blister to the neck, and cal. gr. one-fourth q. 2dâ h., until it touches the gums.

The blister drew well and was kept open for several days; his gums became slightly sore, and he remained without a bad symptom from October 28th till November 8th, during which time the wound was poulticed, and his diet kept reduced.

9th.—Wound suppurating freely, but shows no disposition to granulate. Ordered tinct. valer. f $\frac{3}{2}$ j. q. ter. horâ, and broth and vegetables for diet.

11th.—Wound has the same appearance; bone bare for an inch at the extremity of the wound; dura mater becoming prominent; pulsation of brain perfectly distinct.

13th.—Wound sloughing; dura mater ruptured last night; considerable discharge in the dressings; brain beginning to protrude.

14th.—Cerebral mass has risen on a level with outside of the cranium; pulsations distinct in it; patient perfectly rational; complains of no pain; gums still sore. Ordered low diet, and compresses of lint, wet with lime water, to the protruding matter.

19th.—Since last date the tumour has gone on gradually increasing, is now above the scalp, and of the size of a large hen's egg; patient comprehends questions readily, but is slow in enunciating; pulse regular, but feeble, about eighty-seven in the minute; pupils natural; pressure on the tumor causes them to dilate for the instant, but they soon resume their natural size; continue pressure, and low diet; mist. neut. and ant. tart. continued.

21st.—Tumour sloughing; cerebral matter mixed with pus, and some blood, constantly discharging; pulse one hundred and thirty, quick and febrile; skin hot; patient restless, complains of no pain; intellect not clear, but is still rational.

22d.—Pulse very quick and feeble; has been delirious since ten o'clock last night; pupils dilated; some diarrhoea; water drawn off by catheter. Omit mist. neut., and allowed any diet he wishes; ordered laud. gtt. xxx., by injection; poultice to wound.

23d.—Died at three A.M., twenty-nine hours after he became delirious. No perfect examination of the head could be obtained. But permission being given, the tumour was cut off. This was followed by a free discharge of pure pus and sanious matter from within the brain. A large abscess, near three inches deep, was now evident in the substance of the brain, immediately under the tumour. A second fracture, with depression of the bone, was also found over the ear, where the second wound, spoken of before, was seen. The abscess extended as far forward and outwards as this point, and was apparently lined by a false membrane.

This case has been considered of more than ordinary interest, from its being the second which has occurred in the hospital during the last six months, both of which have presented nearly the same appearances, and tend to establish the point of the hernia being caused by the formation of the abscess below. In the first case, (reported by Dr. Meigs, in number eighteen,) "it was evident that the tumour consisted of the substance of the brain; also, that an abscess had existed near the base of the tumour, and that there was no blood effused, either beneath the bone or dura mater, nor was there any apoplectic cavity." In the second case, although a complete examination could not be made, yet enough was seen to satisfy those present that the tumour consisted of cerebral matter,—that there was no proper fungus,—and that a large abscess, secreting pure pus, had existed under the tumour. This abscess was probably caused by the irritation of the depressed bone over the ear, though no positive proof of it could be given. Yet the situation, and the length of time during which the patient remained without any bad symptoms, might lead us to suppose so. As far, therefore, as these cases would enable us to judge, there can be little doubt as to the fact of the hernia cerebri being properly a protrusion of the

cerebral substance, caused by the formation of extraneous matter within the brain, and that there is, in such cases, nothing of a fungus growth connected with it, as has been asserted by some writers. Should this view of the formation of the tumour be admitted, there can be little doubt as to the treatment. For an incision in the dura mater, as soon as fluctuation was evident, would enable us to prevent the protrusion of the brain, and, by evacuating the fluid, allow the sides of the abscess to come together; while the severe laceration, which the brain has suffered without any material injury to the patient, would afford us good reason to believe that a cure might be effected by an operation, which has been so long proposed but so seldom practised.

DOMESTIC SUMMARY.

Dr. EDWARD PEACE was elected one of the Surgeons to the Philadelphia Hospital, on Monday, 3d December, to fill the vacancy occasioned by the departure of Dr. Harlan for Europe.

Dr. GUNNING S. BEDFORD has been appointed to the chair of Obstetrics, in the University of the city of New York.

Case of Compound Fracture of the Thigh, successfully treated.—Dr. T. L. Caldwell, Surgeon to the Louisville Marine Hospital, reports in the Louisville Journal a case of compound fracture of the thigh, admitted into the hospital, September 10th, 1837.

"The external wound was about one inch in length, on the outer side, and about the commencement of the upper third of the limb, say about four or five inches below the trochanter major; and had been made by the lower end of the superior fragment of the os femoris, which had torn its way through the mass of muscular fibre forming the vastus externus. The fracture of the os femoris was oblique, running upward and inward in the direction of the trochanter minor. The patient was of about the middle height, well set and muscular, and had, it was understood, been irregular in his habits, but not to such a degree as to have impaired his constitution. There did not appear to have been any haemorrhage of consequence from the wound. Dressings were immediately applied in the following manner:

"The limb having been carefully washed with warm water, a common roller bandage of seven or eight yards long was applied firmly from the toes to just above the patella. Extension pulleys were then applied above the knee, a counter extending band being arranged across the groin as if for reducing a superior posterior dislocation of the head of the femur. As the patient was of pretty full habit, and considerable resistance might reasonably be looked for in the contraction of the muscles which displaced the ends of the bone and occasioned the outward curvature of the limb, he was placed in a sitting posture, and a vein in the arm freely opened. Becoming sick and faint by the time he had lost twenty-four or six ounces of blood, he was instantly laid down and the action of extension and coun-

ter-extension commenced gradually and steadily. The limb was, without difficulty, in a very short time brought to its proper length and form, and as accurately as could be judged the fractured ends were in apposition. Keeping now the extension at this point, another roller bandage was continued pretty firmly from the extending point to the groin, over the left hip obliquely, and one or two turns taken round the body to keep it from slipping. The external wound was merely covered with a piece of dry lint beneath the bandage. The pulleys were now removed, and the space above the knee, which had of necessity been occupied by the extending bands, was covered by a short roller, the whole limb being thus completely enveloped. The bed or mattress on which the patient lay during the dressings, was the one he was to occupy, being prepared as a common fracture bed, so that the natural evacuations could be performed without any need of moving. The limb was now placed on a roughly made double inclined plane, lowered, however, so as to make the angle very obtuse, the bandage not permitting much flexion at the knee. During the whole operation he suffered but little pain, and at the end of it expressed himself perfectly easy.

"On the 17th, there was not the least appearance of swelling or inflammation, the form of the limb was natural, and without the least shortening, the action of the muscles having been completely and as effectually controlled by the bandage alone, as could have been done by the most complicated fracture apparatus for keeping up extension. Added to this, the wound through the vastus externus was closed by the first intention, and only a small circular spot about the size of a six and a fourth cent piece, which was not covered by the skin, showed where the bone had protruded. A close examination by myself and several other medical gentlemen was made, to ascertain if any sinus existed, or any discharge from the interior could be discovered on firm pressure around the wound—such was not the case, and the injury might now fairly be considered as reduced to a simple fracture. The dressings were renewed as before, gentle, steady extension by hand being kept up during their application, to prevent any displacement of the injured parts. The double inclined plane, even when lowered to the most obtuse angle, being found unnecessary from the steadiness with which the bandage maintained a proper situation of the parts, it was thrown aside, and the limb merely laid lightly in a common fracture apparatus, the foot supported in such a manner as to prevent any torsion of the limb by its natural inclination to point the toes outward.

"From this time to the 3d of October there was not a single unfavourable symptom, nor did the patient require medicine of any description. All the natural functions were in perfect order, no pain was felt in the injured limb, his sleep was composed and easy, and the only drawback to a state of robust health was his inability to walk about. I had, after the second dressing, adopted the following means of supporting the bandage over the part injured, to prevent the possibility of deranging the fracture, by such movements as the patient might involuntarily make while asleep:

"Taking a pattern of the sound limb with paper in two pieces, and reversing it, I cut from a sheet of the stoutest bookbinders' boards which I could procure, two corresponding pieces, with the exception of their being a little narrower. These were long enough to extend from about three inches below the patella; the inner one to the perineum, the outer to within about one and a half inches of the trochanter major. Their edges met posteriorly, but in front from one-half to three-fourths of an inch was allowed, and a semi-circular notch to receive the patella was left in each, to prevent unnecessary pressure on it. These pieces rendered perfectly soft and pliable by soaking in hot water, were then applied to the thigh over the bandage, and were closely adapted to it by the very firm application of another roller. Soon becoming dry, they formed a hard casing; gave the best possible protection to the injured limb."

On the 16th of December, it was ascertained by close examination, that complete bony union of the fracture had taken place. An interesting feature in the case was, the total absence of pain throughout the whole treatment.

Successful Division of the Adductor Longus Femoris Muscle, for Deformity and Loss of Motion of the Lower Extremity.—DR. PAUL F. EVE, Professor of Surgery in the Medical College of Georgia, reports, in the Southern Medical and Surgical Journal, for December, a very interesting case, in which he performed the above operation. The division of tendons, for the cure of deformities, is not unusual, but Dr. Eve is the first who has resorted to this operation on a muscle of the lower extremity.

The patient was a stout, robust man, twenty-two years of age, who, eight years since, laboured under a severe attack of, what appears to have been, acute rheumatism. It left him with permanent contraction, and a fibrous degeneration of the Adductor Longus muscle, without involving, in any degree, the neighboring tissues. The limb was shortened an inch, from inclination of the pelvis; exercise was attended with great suffering. We extract the following report of the operation:

"Assisted by Professors Dugas and Newton, an incision was made, commencing at the pubes, and cutting upon the internal edge of the affected muscle, and extending it about five inches, in a semi-lunar direction. The surface of the adductor longus was then exposed, and cautiously divided with the knife and a pair of scissors, about three inches below its origin from the pubes. The upper portion was found to be converted into a fibrous tissue, which slightly grated under the knife, but the portion below the section contracted, so as to separate the cut edges of the muscle about an inch. Its degeneration, therefore, did not extend throughout its whole length, but the muscular tissue appeared to be healthy an inch below, where it was divided in its course to be inserted into the os femoris. We removed from the upper portion a small section for a pathological specimen. Two small arteries required a ligature. The wound in the skin was closed by adhesive plaster, and a compress and roller completed the dressing. The patient was put to bed, and a two pound weight attached the next morning to the left foot, and

allowed to hang out of the bed clothes over the back of a chair, so as to make traction in a horizontal direction."

The patient did very well; on the 15th day after the operation he walked about, and on the 19th he returned home. The limb, at this time, was not only restored to its original length, but all its motions were so far regained, that the patient could turn the foot, and carry the leg and thigh outward to nearly the same extent, and with almost as much freedom, as on the sound side; he was daily improving in these respects, and in a fair way of realizing from the operation all the benefits that had been proposed.

FOREIGN SUMMARY.

Retrospective view of the Progress of Medicine during the year 1838.—Having completed last week our annual task of laying before the student an account of the various Metropolitan Hospitals and Schools of Medicine, and having pointed out to him the path which he should follow in his search after professional knowledge, we now propose to cast a retrospective glance on the year which has gone by, and direct attention to the most prominent facts connected with the different branches of medicine which have been made public during the year 1838, through the medium of the Lancet. We shall thus present to our readers a brief retrospective review of the progress of medical science during the last twelve months. The most striking fact which results from a cursory view of the medical history of the last few years, is the absence of any dominant theory, enchaining and carrying away with it the minds of a majority of the profession. The day of despotism in medical, as in political affairs, seems to have gone by, and we are settling into a healthy state of republicanism, in which independence of thought and action, a tendency to realities, and observation of facts, are rapidly taking the place of theory and generalization.

The domain of surgery has been enlarged by several important and valuable contributions. We shall briefly notice them in the order according to which they are recorded in the pages of this Journal. Mr. Hayden has performed, with success, the operation of taking up the subclavian artery, internally to the scalenus muscle, for aneurism of the innominata, and assures us that he found considerable advantage in employing a new needle invented by Mr. L'Estrange. He has also furnished us with the description of a perineal hernia in the female, which, if not new, is at least a very rare species of that affection.

Mr. Liston, to whom the profession is already indebted for so many improvements in the manual and therapeutical branches of surgery, has lately tied both the subclavian and carotid arteries for aneurism of the right subclavian near its origin. This operation, which was based on sound physiological views, was unfortunately followed by secondary haemorrhage, which proved fatal. On the other hand, we have recorded a successful case, by Mr. Fearn, of treatment of aneurism of the innominata, by ligature at the distal side of the tumour. Mr. Fearn applied a ligature to the com-

mon carotid about two years ago; the symptoms were partially relieved; and very recently he tied the subclavian artery, as it passes over the first rib. The recent account which we have received of this interesting case, renders it highly probable that the operations will be attended with complete success. Mr. Liston has also shown, by his operations for the relief of aggravated stricture of the urethra, the immense resources which the art of surgery presents in the hands of a bold and skilful operator; in one of the cases which Mr. Liston has recorded, the patient had not made water through the natural passage for a period of twelve years, and the state of the urethra was such that it was necessary to cut an artificial canal, which subsequently performed its functions in a satisfactory manner. We may also mention the improvements in fracture apparatus, suggested by Mr. Liston, which are daily employed with advantage at University College Hospital.

Mr. Hale Thomson has described a peculiar injury of the shoulder joint, in which the head of the bone was divided perpendicularly into two parts, the accompanying symptoms being, as might naturally be expected, of a perplexing nature. The same gentleman has also furnished a very curious account of preternatural enlargement of the mammae in the male subject, accompanied by atrophy of the testicles.

To Mr. West we are indebted for a description of the successful extirpation of an ovarian tumour, an operation which has been generally fatal, and in some instances undertaken on the grounds of erroneous diagnosis. Thus, we have extracted from a foreign journal a case in which gastrotomy was performed for the purpose of excising a tumour of this description; but on opening the patient's abdomen, the tumour was found to be a *windy* one.

Dr. Warren has set an example of bold surgical practice in the extirpation of two diseased ribs, and the event of both operations has justified the undertaking.

In plastic surgery we do not find much recorded that is novel or remarkable. M. Blandin has successfully treated a case of artificial anus, by dissecting off a portion of neighbouring skin, turning it back, and uniting it over the aperture.

Mr. Tyrrell proposes, for the purpose of arresting the destruction of the transparent cornea which occurs in purulent ophthalmia, to divide, in a *radiated* manner, from the centre of the cornea towards the sclerotica, the fold of conjunctival membrane which forms the chemosis. Mr. Tyrrell has found this method to be more efficacious than any other hitherto proposed.

Finally, we have to enumerate the important contributions to the advancement of surgery which have been made by Professor Dieffenbach, of Berlin; the most remarkable among them are his operations for the cure of lacerated perineum in the female; the history of eighteen cases, in which resection of the facial bones was performed with success; and his recent memoir, containing an account of thirty-seven cases of wry neck, cured by section of the sterno-cleido-mastoideus muscle.

The novelties and improvements in medicine are less numerous than those by which the art of

surgery has been enriched. We cannot, however, at the outset, avoid expressing our pleasure at the fact that the practice of medicine is daily becoming more simple, and that physicians of the present day evince an inclination to abandon those multitudinous prescriptions which, as Chaussier was wont to say, are nothing better than "formulae for medical cookery." The most important contribution which has been made for many years to the domain of medicine, is unquestionably that of Dr. Conquest, relative to the treatment of chronic hydrocephalus by tapping. It is unnecessary to remind our readers that this disease has ever been regarded as a mortal one; yet by the method of practice introduced by Dr. Conquest, the lives of ten patients out of nineteen have been saved. In conjunction with this subject, we may mention three cases of chronic hydrocephalus, also cured by Dr. Engleman, by means of pressure, a mode of treatment which Mr. Barnard assures us originated with himself.

A novel method of applying the vapour of sulphur and iodine in the treatment of cutaneous affections and obstinate ulcers, has been introduced by Mr. A. Walker, who has recorded a few cases in which the combined power of those remedies produced the most striking results. Mr. Tait has administered colchicum to patients labouring under scarlatina, with very great advantage. Should the experience of that gentleman be confirmed by further trials of the remedy, an important progress will have been made in the treatment of infantile disease. Mr. King has related some cases in which the employment of acupuncture in ascites has been attended with success. A remarkable case of convulsions, in which compression of the carotid artery suspended the convulsive attacks, and afterwards removed the disease, has been recorded by M. Troussseau. Finally, Dr. Locock has introduced, with advantage, the use of arsenic in cases of atonic menorrhagia, and in some other disorders of the uterine system.

The labours of anatomists during the past year have not been productive of many remarkable results; in fact, anatomy appears to be at a discount. The only contributions in this department of medical science which we have to mention are those made by Miller, the mechanic, relative to several points of embryology, and the valuable observations on the structure of the negro's skin, by the late Mr. Wallace, of Dublin. Mr. Judd has also furnished several anatomical facts, worthy of notice, upon the last-mentioned subject. To Dr. Knox we are indebted for the description of a new parasitical animal (*cysticercus cellulosæ*) inhabiting the human muscles.

Pathological anatomy does not seem to have been cultivated with much greater zeal than normal anatomy; in the former department, however, we have to notice an unique case of anterior spina bifida, which was related on the authority of an anonymous person, at the London Medical Society, and a very instructive case of ectopia cordis, by Dr. O'Bryen, from which may be derived several facts respecting the motions and sounds of the heart.

A sense of the importance of statistics, as applicable not only to the various relations in which

man is placed, but also to medical science, is daily gaining ground. This may be gathered from the various statistical communications of the highest value which are contained in the pages of this Journal for the preceding year.

The papers of Mr. T. R. Edmonds occupy the first rank, for the richness, variety, and value of the materials of which they are composed. A simple enumeration will at once show that we do not estimate too highly the contributions made by Dr. Edmonds to this department of science. They consist of communications on the influence of age and selection on the mortality of the members of the Equitable Life Insurance Society; on the duration of life in the English peerage; on the mortality and sickness of soldiers engaged in war; and on the mortality and disease of Europeans and natives in the East Indies. Mr. Farr has also furnished some valuable statistical observations on Benevolent Funds and Life Assurance, and an important document on the rate of mortality and expectation of recovery at different periods of the Asiatic cholera. Lastly, some points relative to the statistics of infantile disease have been cleared up by original tables, for which we are indebted to Dr. P. Hennis Green.

We have thus taken a rapid survey of the different facts and observations connected with medicine, of any importance, which have been published during the course of the year 1838. Our catalogue is, perhaps, imperfect, but it has been drawn up with conscientiousness and care. —*Lancet.*

M. Chomel on Tartar Emetic in Pneumonia.—This eminently practical physician of the Hôtel Dieu has not, it seems, so high an opinion of the tartar emetic practice in controlling thoracic inflammation, as many of his professional brethren in Paris. He frequently uses it, but only as a subsidiary remedy, after a decided impression has been made on the disease by blood-letting. With respect to its having any directly antiphlogistic or contra-stimulant properties, independently of the depression induced by nausea and by evacuation, M. Chomel professes himself to be very sceptical; and hence, of late years, he has discontinued the common usage of combining opium with it, for the purpose of inducing a *tolerance* of the antimonial. According to his views, its action is to be referred to an energetic revulsion upon the alimentary tube, and to the powerful compression of the lungs during the efforts of vomiting, aided by the nausea which precedes and follows these efforts.

The antimonial will always be found of most efficacy, when the first violence of the inflammatory attack is arrested, and when the disease indicates a tendency to remission or abatement.—*Med. Chir. Rev., from La Lançette Française.*

[With these views of Dr. Chomel we do not entirely agree. Tartar emetic in pneumonia certainly acts more promptly when it produces full diaphoresis, but the vomiting seems to have comparatively little influence, nor is it common to observe vomiting after the first, or, at most, the second dose. The antimony is more effectual after

blood-letting, but it has an action of itself, more powerful than any other single remedy. Dr. Chomel is, perhaps, unnecessarily sceptical in his belief of the efficacy of many modes of treatment which are undoubtedly well established by overwhelming evidence.—Eds.]

Iodide of Arsenic.—The London *Lancet* for Oct. 27th, contains a valuable paper on this article, read by Prof. A. T. Thomson, at the late meeting of the British Scientific Association. He considers "the physiological action of the iodide on the animal economy, closely to resemble that of arsenious acid, but modified by the iodine. In minute doses, it is rapidly carried into the circulation, and is, probably, decomposed, and the iodine converted into hydriodic acid; the iodine can be detected in the urine and the other secretions, soon after the iodide has been taken, but I have never been able to detect the arsenic in any of the secretions. Its influence, in the first instance, is that of a tonic, the appetite is increased; but after its use has been continued for ten or twelve days, a degree of pain is experienced at the epigastrium, accompanied with thirst, a dry state of the throat, slight fever, and, sometimes, with diarrhoea and tenesmus; the skin, also, becomes dry, and the urinary secretion is augmented in quantity. If the use of the iodide be still prolonged, the nervous system is rendered extremely irritable, and wakefulness supervenes. I have never seen it cause salivation, which occasionally results from the long-continued use of the arsenious acid. M. Biett had employed this iodide as an external application, in the form of ointment, in some inveterate cutaneous affections; but I am not aware that it was ever administered internally, until the month of June, 1835, when I ventured to prescribe it, in minute doses, in a long-standing case of severe lepra *vulgaris*. The beneficial influence which it displayed in this case, and the rapidity with which the disease was cured by it, induced me to prescribe it in many other diseases; in scarcely any instance has it disappointed my expectations. I consider it nearly as a specific in chronic impetigo, a disease which has resisted almost every other remedy. It operates most powerfully upon the capillary system, setting up a new action there, and to this influence on the cutaneous capillaries we must ascribe the beneficial influence of the iodide as a therapeutical agent. When the action of the medicine has been closely watched, and its administration discontinued as soon as the throat becomes sore, or pain in the epigastrium is experienced, I have never seen its employment followed by emaciation, nor the softening, nor the wasting of glands, nor by irritative fever, such as occur when iodine is administered; on the contrary, the health has improved, the strength has become augmented, and the body has obviously increased in bulk."

Chlorate of Potass in Croup.—Dr. Klein recommends this remedy towards the close of the disease, in the dose of three grains every four hours, to children two years old.—*Lancet, from Siebold's Journal.*